

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Schuler et al. Application No: 10/601,127 Confirmation No: 5998 Filed: June 19, 2003 Title: SYSTEMS AND METHODS FOR AEROSOLIZING PHARMACEUTICAL FORMULATIONS			Group No: 3773 Examiner: Erez, Darwin P. Attorney Docket No: 53243-US-CNT[2] (NV.0047.10) October 5, 2010 San Francisco, California 94107																				
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			Extension of Time <input type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136																				
Via EFS <input checked="" type="checkbox"/> Reply Brief <input type="checkbox"/> Comments on Statement of Reasons for Allowance <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <th></th> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td style="text-align: center;">\$130.00</td> <td style="text-align: center;">\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td style="text-align: center;">\$490.00</td> <td style="text-align: center;">\$245.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1,110.00</td> <td style="text-align: center;">\$555.00</td> </tr> <tr> <td align="right" colspan="3">Total \$ 0.00</td> </tr> </table>		Extension (Months)	Extension Fee			Large Entity	Small Entity	<input type="checkbox"/> One Month	\$130.00	\$65.00	<input type="checkbox"/> Two Months	\$490.00	\$245.00	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00	Total \$ 0.00			<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.
Extension (Months)	Extension Fee																						
	Large Entity	Small Entity																					
<input type="checkbox"/> One Month	\$130.00	\$65.00																					
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Total \$ 0.00																							
Fees for Extra Claims																							
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee																	
				Large Entity	Small Entity																		
Total Claims	8	52	0	\$52.00	\$26.00	\$0.00																	
Independent Claims	1	6	0	\$220.00	\$110.00	\$0.00																	
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00																	
Supplemental Information Disclosure Statement																							
Total						\$0.00																	
Fee Payment <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Extension Fee</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>Fee for Extra Claim(s)</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$ 0.00</td> </tr> </table>			Extension Fee	\$ 0.00	Fee for Extra Claim(s)	\$ 0.00	Total	\$ 0.00	Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .														
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Total	\$ 0.00																						
<input type="checkbox"/> Attached is check no. _____ in the sum of \$ _____. <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$0.00.			Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: NOVARTIS AG Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080																				
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; facsimile transmitted to the U.S. Patent Office at (571) 273-8300; or electronically submitted via EFS on the date shown below: By: <u>Melanie Hitchcock</u> Date: <u>October 5, 2010</u> Melanie Hitchcock			Respectfully Submitted, <u>Guy V. Tucker</u> Date: <u>October 5, 2010</u> Guy V. Tucker Registration No. 45,302																				